

2025-26 |

HOPE

COMMUNICATION

RESILIENCE

WELLNESS

KINDNESS



FAMILY

POSITIVITY

AWARENESS

WELLNESS

MENTAL

HEALTH

# Hernando

## MENTAL HEALTH APPLICATION

*Mental Health Assistance Allocation Plan*



FLORIDA DEPARTMENT OF  
EDUCATION  
fldoe.org

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## I. Introduction

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### **Plan Purpose**

The purpose of the Mental Health Assistance Allocation (MHAA) is to provide funding to assist school districts in establishing or expanding school-based mental health care; train educators and other school staff in responding to mental health issues; and connect children, youth and families who may experience behavioral health issues with appropriate services.

These funds are allocated annually in the General Appropriations Act to each eligible school district. Each school district shall receive a minimum of \$100,000, with the remaining balance allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.

Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. A charter school plan must comply with all of the provisions of this section, must be approved by the charter school's governing body, and must be provided to the charter school's sponsor. *(Section [s.] 1006.041, Florida Statutes [F.S.]*

### **Submission Process and Deadline**

The application must be submitted to the Florida Department of Education (FDOE) by **August 1, 2025**.

### **There are two submission options for charter schools:**

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.



## II. MHAA Plan

### A. MHAA Plan Assurances

#### 1. District Assurances

One hundred percent of state funds are used to establish or expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.



Other sources of funding will be maximized to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).



Collaboration with FDOE to disseminate mental health information and resources to students and families.



A system is included for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.



Mental Health Assistance Allocation Plans for charter schools that opt out of the District's MHAA Plan are reviewed for compliance.



Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.



The MHAA Plan must be focused on a multi-tiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. Section 1006.041, F.S.





District assessment procedures, at a minimum, include the use of an approved assessment tool as required by Senate Bill 1620 (effective July 1, 2025).



## 2. School Board Policies

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.



School-based mental health services are initiated within 15 calendar days of identification and assessment.



Community-based mental health services are initiated within 30 calendar days of referral.



Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.



District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-4.0010, Florida Administrative Code.



Assisting a mental health services provider or a behavioral health provider as described in s. 1006.041, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.



The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, the local mobile response team, or be a direct or contracted school district employee. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school-sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.



Parents of students receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health service providers. Schools may meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.



A system is in place to measure the program outcomes outlined in s.1006.041, F.S.





## **B. District Program Implementation**

### **Evidence-Based Program (EBP) #1**

#### **Evidence-Based Program (EBP)**

##### **Second Step Program**

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)

#### **Tier(s) of Implementation**

Tier 2

#### **Describe the key EBP components that will be implemented.**

---

Second Step provides instruction in social and emotional learning with units on skills for learning, empathy, emotion management, friendship skills, and problem solving. The program contains separate sets of lessons for use in prekindergarten through eighth grade. Core components include: Self Awareness, Self Regulation, Problem Solving Skills and Social Awareness

#### **Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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Teachers, Certified School Counselors, School Social Workers or School Psychologists will develop plans aligned with their student's needs using the 22-28 lessons available. Second Step small groups will be delivered weekly for a period of no less than 6 weeks and will be 30-45 minutes in duration.

#### **High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Outcomes will be measured using data from Early Warning systems and or evidence-based assessments aligned to the student's needs.

### **Evidence-Based Program (EBP) #2**

#### **Evidence-Based Program (EBP)**

##### **Check in/Check out (CICO)**

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

Other

### **Tier(s) of Implementation**

Tier 2, Tier 3

### **Describe the key EBP components that will be implemented.**

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Students learn to self-monitor, internalize successes, and develop self-esteem.

### **Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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Delivered by adult staff daily for a minimum of 6 weeks. Students assigned check in with a mentor at the beginning of the day to set daily goals which are aligned with school-wide expectations. The student uses a "points card" with defined goals for each part of the day. Teachers evaluate behavior and assign points for meeting their daily goals. The student checks out with their mentor and they assess the points total for the day. The mentor encourages the student to reflect on what they did well, how they feel, and what they need to work on.

### **High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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The student takes their points card home, returning it signed at the next morning check-in. Outcomes are measured via the following process: 1) check-in daily 2) monitor (enter data) weekly and analyze data monthly/quarterly. Data should be entered on Educlimber

## **Evidence-Based Program (EBP) #3**

### **Evidence-Based Program (EBP)**

Zones of Regulation

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)



**Tier(s) of Implementation**

Tier 2, Tier 3

**Describe the key EBP components that will be implemented.**

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Zones of Regulation curriculum helps students gain skills in consciously regulating their actions, leading to increased control and problem-solving abilities. Using a cognitive behavior approach, the curriculum's learning activities are designed to help students recognize when they are in different states called "zones" with each of the four zones represented by a different color. In the activities, students also learn how to use strategies or tools to stay in a zone or move from one to another. Students explore calming techniques, cognitive strategies, and sensory supports to use to move between zones.

**Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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Certified school counselors, school social workers will develop plans aligned with their student's needs using the 18 lessons available. Small groups will be delivered weekly for a period of no less than 6 weeks and will be 30-45 minutes in duration.

**High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Outcomes will be measured using data from the Early Warning System and/or evidence based assessments aligned to the student's needs.

**Evidence-Based Program (EBP) #4****Evidence-Based Program (EBP)**

Bounce Back Program

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)

**Tier(s) of Implementation**

Tier 2, Tier 3



**Describe the key EBP components that will be implemented.**

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Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. It teaches students ways to cope with and recover from traumatic experiences. Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Session content includes coping skills, feelings identification, relaxation exercises, positive activities, social support and problem solving.

**Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. Social workers who receive a referral and receive parental consent may utilize this program based on the students need.

**High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Outcomes are measured using the Strengths and Difficulties Questionnaire and other data as indicated by student presentation.

**Evidence-Based Program (EBP) #5**

**Evidence-Based Program (EBP)**

Everfi

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)

**Tier(s) of Implementation**

Tier 2, Tier 3

**Describe the key EBP components that will be implemented.**

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EVERFI is an evidence based online curriculum that offers multiple programs that are aligned with the resilience life skills standards. Character Playbook, Honor Code and Vaping are secondary programs used for conflict resolution, bullying and vaping.

### **Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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School Based Mental Health Professionals will facilitate and oversee the implementation of these programs in small group or individual settings. The modules range from 5-6 and can be completed in 30-60 minute sessions over a minimum of 6 weeks.

### **High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Lessons contain a pre and post assessment to gauge knowledge gain, and the course contains a pre and post survey to track attitudinal and behavioral change.

### **Evidence-Based Program (EBP) #6**

#### **Evidence-Based Program (EBP)**

Cognitive Behavior Therapy and Cognitive Behavioral Intervention for Trauma in Schools

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)

#### **Tier(s) of Implementation**

Tier 2, Tier 3

#### **Describe the key EBP components that will be implemented.**

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CBT has proven effective in reducing trauma symptoms, depression, anxiety and behavioral problems. CBT focuses on challenging unhealthy thought patterns, changing learned unhealthy behaviors and developing coping skills for dealing with challenging thoughts and feelings. CBITS is a school-based, group and individual interventions that uses cognitive-behavioral techniques. It is designed to reduce symptoms of posttraumatic stress disorder, depression, and behavioral problems, as well as to improve functioning, grades and attendance, peer and parent support, and coping skills.

### **Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use



disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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CBT and CBITs strategies are implemented through individual and small group counseling by our school counselors and social workers (with parent consent). During counseling, mental health professionals will work with students to : 1) understand the relationship between thoughts, feelings and behaviors 2) identify unhealthy thought patterns 3) replace unhealthy thoughts with positive self talk 4) identify unhealthy behaviors deriving from negative thoughts and feelings 5) identify and utilize healthy coping skills to manage emotions and change behavior and 6) expand their feelings vocabulary and be able to express how they are feeling. CBITS is composed of 10 group sessions and one to three individual sessions with students, with optional opportunities for parent involvement and educational outreach to teachers.

### **High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Students participating in CBT based counseling will improve coping skills, manage behaviors and improve academic success as reported by students, parents and teachers and measured by discipline referrals and grades.

### **Evidence-Based Program (EBP) #7**

#### **Evidence-Based Program (EBP)**

Character Strong Elementary

Identify the source of the evidence-based program chosen.

*If there are multiple sources, please select only one.*

What Works Clearinghouse (WWC) (<https://bit.ly/3HpjPzg>)

#### **Tier(s) of Implementation**

Tier 2, Tier 3

#### **Describe the key EBP components that will be implemented.**

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The Character Strong Tier 3 Solution focuses on enhancing the schools' ability to provide excellent, personalized interventions for students with the most intense social, emotional and behavioral needs.

#### **Early Identification**

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use



disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

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School Social Workers and School Counselors (with parental consent) will be able to utilize Character Strong as a Tier 2 or Tier 3 intervention after a student is screened or assessed. The use of screeners will help staff to identify students who are at risk for social emotional or behavior problems, depression and anxiety disorders and through Character Strong students will be able to learn solutions to better handle their mental wellness.

### **High Risk Students**

Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and students at high risk of such diagnoses.

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Character Strong Tier 3 (CST3) includes 4 skill focused interventions to address Anxiety, Depression, Executive Functioning and Trauma. This includes resources for Progress Monitoring and includes a parent component to help them with resources to continue the support at home. CST3 has 3 main goals: Be Kind, Be Strong and Be well.

## **C. Direct Employment**

### **1. Plan Direct Employment**

*Total student population as of August 1, 2025* **24,118**

#### **School Counselor**

Current Ratio as of August 1, 2025: **1:1049**

#### **School Counselor**

2025-2026 proposed Ratio by June 30, 2026: **1:893**

#### **School Social Worker**

Current Ratio as of August 1, 2025: **1:753**

#### **School Social Worker**

2025-2026 proposed Ratio by June 30, 2026: **1:709**

#### **School Psychologist**

Current Ratio as of August 1, 2025: **1:2000**

#### **School Psychologist**

2025-2026 proposed Ratio by June 30, 2026: **1:1846**

#### **Other Licensed Mental Health Provider**

Current Ratio as of August 1, 2025:

#### **Other Licensed Mental Health Provider**

2025-2026 proposed Ratio by June 30, 2026:

## 2. Policy, Roles and Responsibilities

Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.

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Direct employment of School-Based Mental Health Providers (SBMHPs) in our district has significantly improved access to services by increasing direct contact with students and reducing staff-to-student ratios. Each school site is now assigned a full-time social worker, ensuring consistent and immediate support within the school community. These professionals are integrated into key support systems, actively participating in Multi-Tiered System of Supports (MTSS) teams, threat assessment teams, and school-based leadership teams.

Social workers play a vital role in identifying and addressing student needs. Through a structured referral process, school staff can refer students exhibiting at-risk behaviors or challenges. The social workers, in collaboration with other SBMHPs, implement tiered interventions tailored to individual student needs.

This expansion of direct employment also strengthens partnerships with families and community agencies, facilitating timely referrals and connections to services outside of school. By embedding SBMHPs directly within school sites, our district has created a more responsive, coordinated, and accessible mental health support system for students.

Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).

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The Hernando County School District (HCSD) has established a comprehensive framework to increase the time that student services personnel devote to direct mental health services through a combination of structured procedures, coordination with community providers, and strategic staffing allocations. Key policy and procedures include:

### 1. Standardized Decision-Making Tools



\* Mental Health/Substance Abuse Services Decision Chart (Appendix A): This tool guides school-based mental health providers (SBMHPs)- including certified school counselors, school social workers, school psychologists, and when applicable, school nurses- in determining the appropriate next steps for students exhibiting mental health needs.

\*Use of Mental Health Screeners:

Screeners are used in conjunction with the decision chart to support evidence-based recommendations for mental health interventions and to measure outcomes of the intervention.

## **2. Evidence-Based Assessments and Timely Interventions**

- School Social Workers:

When direct services by school social workers are appropriate, they:

Conduct evidence-based assessments (with parental consent)

Identify mental health characteristics

Develop support plans

Recommend and implement interventions- all within a 15-day timeline.

- External Referrals:

If a referral to an outside provider is more suitable:

The provider is responsible for conducting a psychosocial assessment.

They diagnose, identify treatment needs, and recommend interventions within a 30-day timeline.

## **3. Multi-Tiered System of Supports (MTSS) Integration**

- HCSD uses an MTSS framework to:
  - Deliver or refer students to evidence-based mental health services.
  - Identify co-occurring mental health and substance abuse issues.
  - Develop comprehensive support and recovery plans.
- Services are coordinated with the student's primary mental health care provider and other involved providers.

## **4. Role of School-Based Mental Health Providers:**

- Participation in School Committees:
  - School social workers are active members of:
    - IEP and 504 plan teams
    - MTSS Committees
    - Threat Assessment Teams
    - Crisis/Leadership Teams
  - This ensures that mental health perspectives are integrated into educational planning and intervention strategies.
- High-Risk Student Support:

SBMHPs prioritize referrals and direct services for higher-risk students, ensuring timely intervention.

## 5. Use of Mental Health Assistance Allocation (MHAA) Funds:

MHAA funds are used to:

- Increase the capacity and time student services personnel spend providing direct mental health services.
- Supporting staffing reviews and adjustments based on student mental health needs.

### Summary:

HCSD's approach increases the amount of time student services personnel dedicate to direct mental health services by:

- Standardizing intervention decision-making.
- Prioritizing early and timely assessments.
- Embedding mental health professionals in key decision-making structures.
- Leveraging state funding (MHAA) to support staffing and service expansion.
- Ensuring strong coordination between school and community mental health providers.

Describe the role of school-based mental health providers and community-based partners in the implementation of your evidence-based mental health program.

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### Role of School-Based Mental Health Providers (SBMHPs)

School-Based Mental Health Providers play a critical role in identifying, assessing, and supporting students in need of mental health services within the school setting. Their responsibilities include:

- **Timely Assessment:** Students referred for school-based mental health services will be assessed by a SBMHP within 15 days of referral, as detailed in Appendix A.
- **Service Initiation:** For students with a positive assessment, school-based mental health services will be documented in the District Plan of Care and initiated within 15 days following assessment.
- **Community Service Support:** SBMHPs will also facilitate access to community-based mental health services, ensuring these services begin within 30 days of referral. They will support families in navigating this process and assist with communication between schools and community agencies.
- **Data and Communication:** SBMHPs maintain comprehensive records of all referred students

and use counseling logs, data collection forms, or the Student Information System (SIS) to share relevant information with school district stakeholders.

- **Collaboration and Consent:** To ensure continuity of care, SBMHPs will obtain appropriate releases of information to collaborate with external providers. This enables a coordinated approach to student mental health care across school and community settings.

### **Role of Community-Based Partners**

Community-based mental health providers extend the support system beyond the school environment. Their contributions include:

- **Active Participation:** When appropriate consents and agreements are in place, community providers may participate in school-based problem-solving teams and, when necessary, access students during the school day.
- **Resource Collaboration:** Community agencies contribute to the broader mental health framework through participation in district and interagency teams such as the Hernando County Continuum of Mental Health Services (formerly SEDNET meetings), the Hernando County Baker Act Committee, the Hernando County Multi-Disciplinary Team, and the Local Review Team.
- **Support for Families:** A comprehensive list of community resources is provided to parents/caregivers of students receiving disciplinary referrals. Community partners help ensure families are informed and connected with appropriate mental health supports.
- **Insurance Coordination:** School social workers refer students to case managers from organizations such as the Behavioral Health Network to assist families in accessing insurance-covered services for mental health and developmental needs.

This collaborative approach between school-based and community-based providers ensures a timely, coordinated, and supportive mental health system for students, promoting wellness, academic success, and social-emotional development.



### 3. Community Contracts/Interagency Agreements

List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.

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1. BayCare provides targeted case management to youth (direct services) on and off school campus.
2. BayCare Mobile Response Team (direct services) provides on site mental health crisis intervention and management.
3. Impact Counseling- provide direct services on and off school campuses and also is contracted utilizing Millage funds to implement a Mobile Response Team.
4. Mid Florida children Advocacy Center provides direct service and provides a child friendly safe supportive environment for assisting abused and neglected children.
5. Phoenix Counseling - has an MOU with HCSD and provides clinical services to students and families referred either from SBMHP or community referrals.
6. Life Stream Community Action Team (CAT) and Baycare Community Action Team (CAT) The Cat programs provides intensive behavioral health care services to youth where traditional interventions have been unsuccessful.
7. PACE REACH program provides direct services in 2 schools to female students referred for suicidal ideations or other identified intensive needs for counseling.

### 4. Employment Verification

#1

[mental health support job description.docx](#) 

## D. MHAA Planned Funds and Expenditures

### 1. Allocation Funding Summary

MHAA funds provided in the 2025-2026 Florida Education Finance Program (FEFP):	1,525,043.00
Unexpended MHAA funds from previous fiscal years:	577,995.15
Grand Total MHAA Funds:	2,103,038.15

### 2. MHAA planned Funds and Expenditures Form

Please complete the **MHAA planned Funds and Expenditures Form** to verify the use of funds in accordance with s. 1006.041, F.S.

School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

#### Uploaded Document:

[Copy of MHAA Plan - Planned Funds and Expenditures form 2025-2026.xlsx](#) 

## E. District School Board Approval

This application certifies that the School Superintendent and School Board approved the district's MHAA Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the MHAA in accordance with s. 1006.041(14), F.S.

**Note:** The charter schools listed below have **Opted Out** of the district's MHAA Plan and are expected to submit their own MHAA Plan to the District for review.

*No charter schools opting out.*

**Approval Date:**

07/29/2025



**Mental Health Assistance Allocation (MHAA) Plan  
2025-2026  
Due August 1, 2025**

**District Name:** **Hernando**

**Planned Funds and Expenditures 2025-2026**

Section 1. MHAA Plan Funding Summary		\$ Amount
MHAA provided in the 2025-2026 Florida Education Finance Program:		\$1,525,043.00
Unexpended MHAA funds from previous fiscal years: <i>Please confirm the unexpended amount with your Finance Department.</i>		\$577,995.15
<b>Total MHAA Plan Funds for Section 1:</b>		<b>\$2,103,038.15</b>

  

Section 2. MHAA Planned Expenditure Summary – Funded by the MHAA Plan		Total \$ Amount
Profession	Total Number	
School Counselor(s) – DOE-certified	1	\$90,495.04
School Psychologist(s) – DOE-certified and/or DOH-licensed	3	\$254,886.02
School Social Worker(s) – DOE-certified and/or DOH-licensed	12	\$1,023,529.44
Other (DOH) Licensed Mental Health Services Providers	0	\$0.00
Mental Health Administrator(s)	1	\$112,653.48
Mental Health Support Staff (Upload in CIMS School Board Documentation)	2	\$177,359.80
<b>Total Planned Expenditures for Section 2:</b>		<b>\$1,658,923.78</b>

  

Section 3. MHAA Continued Summary of Planned Expenditures (Itemized expenditures)	\$ Amount
Expenditures for services provided by community-based mental health program agencies or providers:	
School approved MOUs and contrac with local mental health agency to provide mental health service and support at high needs schools with a community agency (ie Baycare ,Phoenix) \$70,000. x 2 for 2 therapists	
\$10,000.00 for mental health services for non insured students at risk to cover mental health counseling on slide scale.	\$150,000.00
Expenditures for professional development and training:	
Funding will continue to support mental health training and skills for school based mental health personnel including social workers, school counselors, school psychologists, substance abuse counselors, and nurses attend state conferences to include DOE, Advancing Mental Health, FSCA ,FASP, Attendance and Florida Bouncy Self Regulation for Elementary, CBITS training(\$5000.00) Character Strong (\$7500.00)	\$100,000.00
Expenditures for travel (in-county, out-of-county, in-state, out-of-state):	
In county travel for district social workers, school psychologists, 1 school counselor and nurses.	
Out of county travel to attend conferences and trainings in mental health to include mileage, hotel, meals, fl if applicable, car rental only for out of state for all student services staff.	\$50,000.00
Expenditures for supplies, materials and equipment:	
Purchasing of new and replenishing evidence based mental health materials for Tier 2 and Tier 3 as listed. These programs are vetted by a committee consisting of school and district based mental health personnel district administration. Zones of Regulation (\$3000), Second Step (\$3749.00x 10 schools), Coping Cat (\$30 \$50-\$1500.00) Character Strong	\$124,114.37
Other Expenditures:	
Stipend Mental Health Allocation management funding and reporting \$2500.00 including Youth Mental Health First Aid. Supervision Medicaid Oversight for School Based Mental health Providers (\$2500.00), Mentors of Mental Health positions \$1488.00 x 10. Bridging the Gap summer 2026 mental health supports access for	\$20,000.00
<b>Additional Expenditures (Total from sheet 2):</b>	<b>\$0.00</b>
<b>Total Planned Expenditures for Section 3:</b>	<b>\$444,114.37</b>
<b>Unexpended MHAA funds:</b>	<b>\$0.00</b>
<b>Submission Date:</b>	<b>7/30/2025</b>

See tab below for additional page to include itemized expenditures.

If you experience difficulty completing this form electronically, contact 850-245-7851 or StudentSupportServices1@fldoe.org.



**District Name:** HERNANDO

[illegible]